

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Molina Healthcare, Inc. PAC

ADDRESS (number and street) ▼

200 Oceangate

Suite 100

☐ Check if different than previously reported. (ACC)

Long Beach

CA

90802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00430256

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Mayers

Signature of Treasurer

Michael Mayers

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 07 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 09 / 30 / 2014

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2014   |                         | 99945.75                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 131882.41               |                                   |
| (c) Total Receipts (from Line 19) .....  | 57415.00                | 168634.76                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 189297.41               | 268580.51                         |
| 7. Total Disbursements (from Line 31) .....  | 63728.10                | 144382.04                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 125569.31               | 124198.47                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2014

To:

M M / D D / Y Y Y Y  
09 30 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

49417.36

880593.45

(ii) Unitemized .....

7997.64

36062.15

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

57415.00

168634.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

57415.00

168634.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

57415.00

168634.76

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

57415.00

168634.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 228.10                        | 966.05                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 228.10                        | 966.05                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 47000.00                      | 121930.70                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 135.29                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 135.29                            |
| 29. Other Disbursements .....  | 16500.00                      | 21350.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 63728.10                      | 144382.04                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63728.10                      | 144382.04                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 57415.00                      | 168634.76                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 135.29                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 57415.00                      | 168499.47                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 228.10                        | 966.05                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 228.10                        | 966.05                            |

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

amendment to to FEC-958086 due to clerical error

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Peter G Adler**

Mailing Address 5402 Lake Washington Blvd NE

Unit H

City

Kirkland

State

WA

Zip Code

98033-7332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of WA

Occupation

Healthcare Administration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849207

Amount of Each Receipt this Period

1344.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. April Alexander**

Mailing Address 2127 California St. NW

#103

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

682.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849011

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Karyn Appel, Karyn Appel**

Mailing Address 17611 Maidstone Ave

City

Artesia

State

CA

Zip Code

90701-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of CA

Occupation

Manager Member Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848958

Amount of Each Receipt this Period

141.75

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1758.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Delores Baker, Delores Baker Delores**

Mailing Address 100 Deerfield Dr  
Unit 103

City Charleston State SC Zip Code 29414-6814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of SC

Occupation

Healthcare Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849240

Amount of Each Receipt this Period

201.95

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Constance Banks, Constanc Banks**

Mailing Address 5609 Blacks Road SW

City Pataskala State OH Zip Code 43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of OH

Occupation

Health Care worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

09 / 26 / 2014

Transaction ID : C2922436

Amount of Each Receipt this Period

145.88

\* Payroll Deduction: biweekly \$20.84

Full Name (Last, First, Middle Initial)

## **C. Jeff D. Barlow**

Mailing Address 3731 El Ricon Way

City Sacramento State CA Zip Code 95864-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848943

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1694.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 70  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Craig Bass, Craig Bass**

Mailing Address 5973 Shady Oaks Drive

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Frisco | TX    | 75035    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of TX

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2580.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2014        |

Transaction ID : C2849116

Amount of Each Receipt this Period

903.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Terry Phyllis Bayer**

Mailing Address 274 Argonne Ave

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Long Beach | CA    | 90803-1763 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2014        |

Transaction ID : C2848963

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Del R Bell**

Mailing Address P.O. Box 536

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Eagle | ID    | 83616    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2014        |

Transaction ID : C2849131

Amount of Each Receipt this Period

280.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

2529.17

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Gail Benson**

Mailing Address 3286 Latonia Rd

City

Columbus

State

OH

Zip Code

43232-5940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of OH, Inc

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849098

Amount of Each Receipt this Period

140.00

\* Payroll Deduction: biweekly \$20.00

Full Name (Last, First, Middle Initial)

**B. Bryce Berg, Bryce Berg**

Mailing Address 17301 Forbes Ln

City

Huntington Beach

State

CA

Zip Code

92649-4666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1556.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849017

Amount of Each Receipt this Period

679.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Amritpreet Bhugra, Amritpr Bhugra**

Mailing Address P.O. Box 9183

City

Naperville

State

IL

Zip Code

60567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849089

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

959.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 11 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Glen Bogner**

Mailing Address 414 Dellcrest Drive

City

Forest Hill

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2641.08

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2848986**

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. David Boim**

Mailing Address 12028 Young Manor Drive

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1339.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2849052**

Amount of Each Receipt this Period

679.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Maritza Borrajero, Mari Borrajero**

Mailing Address 7503 SW 166th Ct

City

Miami

State

FL

Zip Code

33193-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of FL

Occupation

Health care Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2849197**

Amount of Each Receipt this Period

280.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2305.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Karen R Bounds**

Mailing Address 1400 Sunset Rd SE

City

Rio Rancho

State

NM

Zip Code

87124-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of NM, Inc

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849091

Amount of Each Receipt this Period

225.00

\* Payroll Deduction: biweekly \$25.00

Full Name (Last, First, Middle Initial)

## **B. Shelby Brambach, Shelb Brambach**

Mailing Address P.O. Box 14609

City

Bothell

State

WA

Zip Code

98082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of Washington

Occupation

Health care services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849241

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. David D Bunch**

Mailing Address 28977 Walker Road S  
Ste E, Apt 710

City

Walker

State

LA

Zip Code

70785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.25

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848937

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

534.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Kenneth Cable**

Mailing Address 12612 Manley St

City

Garden Grove

State

CA

Zip Code

92845-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849070

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Maria Calderon**

Mailing Address 1548 S. Braodmoor Ave.

City

West Covina

State

CA

Zip Code

91790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849150

Amount of Each Receipt this Period

87.50

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **c. Gary S Call**

Mailing Address 10072 Rockview Dr

City

Sandy

State

UT

Zip Code

84092-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848964

Amount of Each Receipt this Period

679.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

976.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kristen Cerf, Kristen Cerf**

Mailing Address 8046 Linda Isle Lane

City

Sacramento

State

CA

Zip Code

95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849021

Amount of Each Receipt this Period

105.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Richard W Chambers**

Mailing Address 1099 Azure Court

City

Palm Springs

State

CA

Zip Code

92262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of California

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3650.92

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849124

Amount of Each Receipt this Period

1573.88

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Ellen Charlebois**

Mailing Address 2030 Silverlake Blvd

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare Inc

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.75

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849153

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1951.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Amy Clubbs, Amy Clubbs**

Mailing Address 3740 Darby Knolls Blvd

City  
Hilliard

State  
OH

Zip Code  
43026-7428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of OH, Inc

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849099

Amount of Each Receipt this Period

700.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Amy M Conn**

Mailing Address 54 Sycamore Ridge Drive

City  
Powell

State  
OH

Zip Code  
43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of OH

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849211

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Berenice Nunez Constant**

Mailing Address 1219 E 3rd Street, Apt 1

City  
Long Beach

State  
CA

Zip Code  
90802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848936

Amount of Each Receipt this Period

269.15

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1144.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 70  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Antonio Cruz**

Mailing Address 2919 E Vista Street

City State Zip Code  
 Long Beach CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

**Transaction ID : C2849031**

Amount of Each Receipt this Period

291.69

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. James Cruz, James Cruz**

Mailing Address 217 W. Avenue Valencia

City State Zip Code  
 San Clemente CA 92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of CA

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

**Transaction ID : C2849112**

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Derek Danley**

Mailing Address 17401 Tidalview Ln

City State Zip Code  
 Huntington Beach CA 92649-6439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

**Transaction ID : C2849074**

Amount of Each Receipt this Period

700.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1166.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 70  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Amy Dobberteen, Amy Dobberteen**

Mailing Address 6616 Flaming Arrow Drive

City State Zip Code  
 Citrus Heights CA 95621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849020

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Troy Eubank, Troy Eubank**

Mailing Address 1823 Tremont Ave

City State Zip Code  
 Fort Worth TX 76107-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of TX, Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849092

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. George Figueroa, Georg Figueroa**

Mailing Address 4426 E. Earl Drive

City State Zip Code  
 Phoenix AZ 85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849018

Amount of Each Receipt this Period

315.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 70

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Marjorie Finkelnburg, Ma Finkelnburg**

Mailing Address 108 N. West Street

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Alexandria | VA    | 22314    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare Inc

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2014        |

Transaction ID : C2849009

Amount of Each Receipt this Period

315.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Constance Fleischer**

Mailing Address 5115 E vista St

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Long Beach | CA    | 90803    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2014        |

Transaction ID : C2849081

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Janet Fosdick**

Mailing Address 1325 Sussex Lane

|               |       |          |
|---------------|-------|----------|
| City          | State | Zip Code |
| Newport Beach | CA    | 92660    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 26    |   | 2014        |

Transaction ID : C2849078

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

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722.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Wyatt French**

Mailing Address 9619 Lyndonway Drive

City State Zip Code  
 Richmond VA 23229

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : C2849160

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Virginia Fuentes-Rivera, Fuentes Rivera**

Mailing Address 1592 Cottonwood Drive

City State Zip Code  
 Lewis Center OH 43035

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare OH

Occupation

Managed Care Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 18 2014

Transaction ID : C2802579

Amount of Each Receipt this Period

41.68

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Wadie Gadalla, Wadie Gadalla**

Mailing Address 10636 Danbury St

City State Zip Code  
 Temple City CA 91780-2823

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Manager Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : C2848968

Amount of Each Receipt this Period

105.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

356.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Angelo Giambrone**

Mailing Address 1821 Park Street

City State Zip Code  
Huntington Beach CA 92648

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849032

Amount of Each Receipt this Period

315.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. J Mark Mark Gibson**

Mailing Address 316 Sychar Road

City State Zip Code  
Mount Vernon OH 43050

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of OH

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 29 2014

Transaction ID : C2830422

Amount of Each Receipt this Period

104.20

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Harold N Gooch**

Mailing Address 6511 S Canyon ranch Road

City State Zip Code  
Salt Lake City UT 84121

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of Utah

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849154

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

553.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 70

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Robert W Gordon

Mailing Address 5793 Maxson Dr

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Cypress | CA    | 90630-3247 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

Transaction ID : C2848947

Amount of Each Receipt this Period

840.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

B. Nitin Gotmare

Mailing Address 2488 McCoy Dr

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Tustin | CA    | 92782-1250 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

Transaction ID : C2848994

Amount of Each Receipt this Period

315.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

C. Peter M Gray

Mailing Address 9 Perleys Lane

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Hallowell | ME    | 04347    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

Transaction ID : C2849171

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1505.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Laurie Greenberg, Laur Greenberg

Mailing Address 27760 Woodland Grn

City State Zip Code  
 Boerne TX 78015-4956

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of Texas

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : C2849140

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

B. Patricia Griffith, Patri Griffith

Mailing Address 944 Elyria Dr

City State Zip Code  
 Los Angeles CA 90065-3234

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Medical Infor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : C2848969

Amount of Each Receipt this Period

77.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

C. Matthew James Lawrence Haag

Mailing Address 1238 Desoto Street

City State Zip Code  
 Placentia CA 92870

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

Transaction ID : C2849033

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

572.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Rebecca Haake, Rebecca Haake**

Mailing Address 5107 SW 93rd Ave

City State Zip Code  
 Cooper City FL 33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Molina Healthcare of FL

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849217

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Beverly Beverly Hamilton**

Mailing Address 218 Harden Street

City State Zip Code  
 Columbia SC 29205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Molina Healthcare of SC

Occupation  
 Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849223

Amount of Each Receipt this Period

280.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Catherine S Harvey**

Mailing Address 3350 N Southport Ave  
 Apt 1N

City State Zip Code  
 Chicago IL 60657-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Molina Healthcare of IL

Occupation  
 Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849222

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1760.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Lisa Anne A Hatton**

Mailing Address 1280 Stone Ridge Ct

City

Westerville

State

OH

Zip Code

43081-3274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Enrollment Growth

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848997

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Kim Hedrick, Kim Hedrick**

Mailing Address P.O. Box 2715

City

Corrales

State

NM

Zip Code

87048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of NM

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849162

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Erin Hiley**

Mailing Address 7003 1/2 W. Manchester Ave.,

City

Los Angeles

State

CA

Zip Code

90045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849051

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

735.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Rick Hopfer, Jr.**

Mailing Address 30340 Morning View Drive

City State Zip Code  
Malibu CA 90265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : C2849088**

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Whitney Howard, Whitney Howard**

Mailing Address 15204 54th Avenue, SE

City State Zip Code  
Everett WA 98208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare Wa

Occupation

Provider Contract Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : C2849108**

Amount of Each Receipt this Period

77.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Johnny Alexander Hughes**

Mailing Address 8649 Aviazy Woods Way

City State Zip Code  
Elk Grove CA 95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : C2849057**

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

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351.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Dennis Hulet**

Mailing Address 1324 Lake Roesiger Drive

City State Zip Code  
 Snohomish WA 98290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of WA

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
 09 / 26 / 2014

**Transaction ID : C2849060**

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. John P Jarvis**

Mailing Address 5240 Knoxville Ave

City State Zip Code  
 Lakewood CA 90713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY  
 09 / 26 / 2014

**Transaction ID : C2848987**

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Kartik Jayaraman**

Mailing Address 20 Savannah

City State Zip Code  
 Irvine CA 92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY  
 09 / 26 / 2014

**Transaction ID : C2849053**

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

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**TOTAL** This Period (last page this line number only)..... ►

409.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Kathleen Diane Jones**

Mailing Address 2710 Bacon Drive

City State Zip Code  
Peoria IL 61614

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of IL

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849173

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Mary Ellen Jones**

Mailing Address 1324 191st Place, SE

City State Zip Code  
Bothell WA 98012

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of Washngtn

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849206

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Patty Kehoe, Patty Kehoe**

Mailing Address 6444 Esther Ave NE

City State Zip Code  
Albuquerque NM 87109

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of New Mexico

Occupation

Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849111

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

588.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Carl T Kidd**

Mailing Address 12210 Oyster Cove Court

City State Zip Code  
 Stafford TX 77477

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Molina Healthcare of TX Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2849137**

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Ronald D Kurtz**

Mailing Address 1776 Kinneloa Canyon road

City State Zip Code  
 Pasadena CA 91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Molina Healthcare, Inc. attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2849056**

Amount of Each Receipt this Period

301.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Laurel A Lee**

Mailing Address 23403 NE 21st St

City State Zip Code  
 Sammamish WA 98074-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Molina Healthcare of WA, Inc Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 26 / 2014

**Transaction ID : C2849095**

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

784.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 70  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Todd Lemmis, Todd Lemmis**

Mailing Address 136 Cordova Walk

City State Zip Code  
 Long Beach CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C2849041**

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Julie Lindberg**

Mailing Address 19716 11th Ave NW

City State Zip Code  
 Shoreline WA 98177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of WA

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C2849172**

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Thomas Robert Lindquist**

Mailing Address 1774 Bergenfield Rd

City State Zip Code  
 Mount Pleasant SC 29466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of South Carolina

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : C2849175**

Amount of Each Receipt this Period

1365.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1855.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. James Loopeker, James Loopeker**

Mailing Address 826 West Bourne Drive

City

West Hollywood

State

CA

Zip Code

90069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of CA

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849114

Amount of Each Receipt this Period

134.61

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Benjamin Lynam**

Mailing Address 6781 Brentwood Drive

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849039

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Karen O. Macdonald**

Mailing Address 620 Randall Rd

City

Montecito

State

CA

Zip Code

93108-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848971

Amount of Each Receipt this Period

798.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1067.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kristine W MacRae**

Mailing Address 3324 E. 1sr Street

City

Long Beach

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849046

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Kathie Mancini, Kathie Mancini**

Mailing Address 4940 Heath Gate Dr

City

New Albany

State

OH

Zip Code

43054-9450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848982

Amount of Each Receipt this Period

728.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Michele D Marcotte**

Mailing Address 5850 Gloxinia Dr

City

Yorba Linda

State

CA

Zip Code

92887-3313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of CA, Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849090

Amount of Each Receipt this Period

105.00

\* Payroll Deduction:

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973.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Joseph Mardesich**

Mailing Address 1321 Pine Street

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849065

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Janet L Marino Janet**

Mailing Address 7801 Great Divide Lane

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of TX

Occupation

Healthcare Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849133

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Paul D Marti**

Mailing Address 207 South Mill Street  
P.O. box 464

City

Greenup

State

IL

Zip Code

62428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of IL

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.25

Date of Receipt

08 / 15 / 2014

Transaction ID : C2830017

Amount of Each Receipt this Period

77.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

462.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 70

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Anthony L Martinez

Mailing Address 5140 Mesa Del Oso Rd NE

City

Albuquerque

State

NM

Zip Code

87111-3724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of NM, Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849163

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

B. Michael Mayers, Michael Mayers

Mailing Address 8309 Medeiros Way

City

Sacramento

State

CA

Zip Code

95829-8164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Policy and Govt Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3786.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848972

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

C. Linda McCoy, Linda McCoy

Mailing Address 7115 287 Place NW

City

Stanwood

State

WA

Zip Code

98292-4506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of WA, Inc

Occupation

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848961

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

1632.05

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Deborah Miller, Deborah Miller**

Mailing Address 3622 Petaluma Ave

City

Long Beach

State

CA

Zip Code

90808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of CA

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849155

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Rhonda S Mock**

Mailing Address 2672 Westview Dr

City

Lincoln

State

CA

Zip Code

95648-8279

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848973

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. J Mario Molina, Joseph Molina**

Mailing Address 1311 Chelten Way

City

South Pasadena

State

CA

Zip Code

91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3770.59

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848950

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1632.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. John C Molina**

Mailing Address 5668 E Naples Cnl St

City State Zip Code  
 Long Beach CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Financing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.14

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848949

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Brian P Monsen**

Mailing Address 8023 Peregrine PI

City State Zip Code  
 Sandy UT 84094-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Dir, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848957

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Liatrice Munnerlyn, Liat Munnerlyn**

Mailing Address 3257 Payday Lane

City State Zip Code  
 Columbus OH 43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of Ohio

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849122

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1626.80

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Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mitchel J Newberry

Mailing Address 23203 Cardigan Chase

City

San Antonio

State

TX

Zip Code

78260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of TX, Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848960

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

B. Norman Nichols, Norman Nichols

Mailing Address 17716 Eaglewood Drive

City

Baton Rouge

State

LA

Zip Code

70810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849115

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

C. James Novello, James Novello

Mailing Address 405 Castilian Way

City

San Mateo

State

CA

Zip Code

94402-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of California, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849007

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

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TOTAL This Period (last page this line number only)..... ►

635.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph H Otero**

Mailing Address 4509 Copper Knoll Circle

City

Lexington

State

KY

Zip Code

40514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849226

Amount of Each Receipt this Period

280.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Christopher Raymond Otley**

Mailing Address 431 Upshire Circle

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849062

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Domenico K Pagone**

Mailing Address 13412 Montecito

City

Tustin

State

CA

Zip Code

92782-8802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Dir Provider Contracts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848974

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

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698.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Taft Parsons**

Mailing Address 995 Henley St

City

Birmingham

State

MI

Zip Code

48009-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849054

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Edgard D Perez**

Mailing Address 1919 SW 10 Street

City

Miami

State

FL

Zip Code

33135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of FL

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849193

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Thomas Clark Phillip, Jr.**

Mailing Address 1951 North Smokerise Way

City

Mount Pleasant

State

SC

Zip Code

29466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of SC

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849231

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

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**TOTAL** This Period (last page this line number only)..... ►

593.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 70  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Mary Frances Piecuch**

Mailing Address 115 Winifred Drive

City State Zip Code  
Aurora IL 60506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of IL

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849221

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. David Pingree, David Pingree**

Mailing Address 8711 Shawnee Street

City State Zip Code  
Philadelphia PA 19118-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849024

Amount of Each Receipt this Period

728.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. David Pollack, David Pollack**

Mailing Address 10952 Pine Lodge Trail

City State Zip Code  
Davie FL 33328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of FL

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849129

Amount of Each Receipt this Period

875.00

\* Payroll Deduction:

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1737.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kenneth Preede, Kenneth Preede**

Mailing Address 13505 Point Pleasant Drive

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare

Occupation

Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : C2849014**

Amount of Each Receipt this Period

210.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Ashley Marie Prentice**

Mailing Address 1516 S. Wabash Ave., Unit 203

City State Zip Code  
Chicago IL 60605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of NM

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.75

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2014

**Transaction ID : C2802534**

Amount of Each Receipt this Period

38.50

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. John Puente, John Puente**

Mailing Address 5 Silmark Ct

City State Zip Code  
Sacramento CA 95831-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : C2848945**

Amount of Each Receipt this Period

679.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

927.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Pamela M Richardson**

Mailing Address 20225 Bothell Everett Hwy #722

City State Zip Code  
 Bothell WA 98012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of WA

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849236

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Michelle R Roan**

Mailing Address P.O. Box 111, 301 Jefferson St

City State Zip Code  
 Toledo IL 62468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of IL

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849130

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Robert Robison, Robert Robison**

Mailing Address 3061 Waukeegan Ave

City State Zip Code  
 Lewis Center OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare Oh

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2919282

Amount of Each Receipt this Period

175.00

\* Payroll Deduction: biweekly \$25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

460.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Glenda Ronning**

Mailing Address 829 1/2 E. Ocean Blvd.

City State Zip Code  
 Long Beach CA 90802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

**Transaction ID : C2849071**

Amount of Each Receipt this Period

280.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Anne Rote, Anne Rote**

Mailing Address 5519 Purdue

City State Zip Code  
 Dallas TX 75209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of TX

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

**Transaction ID : C2849143**

Amount of Each Receipt this Period

280.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Lisa A Rubino**

Mailing Address 19415 Ironwood Ln

City State Zip Code  
 Huntington Beach CA 92648-5566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of CA, Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 26 2014

**Transaction ID : C2848998**

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

910.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 70  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph Rydel**

Mailing Address 27081 S Ridge Dr

City State Zip Code  
Mission Viejo CA 92692-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Molina Healthcare, Inc. Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849076

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Holly Saelens Saelens Bartleson**

Mailing Address 5049 Ederton Pl

City State Zip Code  
New Albany OH 43054-9460

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Molina Healthcare of OH Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849244

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Anya Sage**

Mailing Address 16125 Kasson Road

City State Zip Code  
Apple Valley CA 92307

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Molina Healthcare Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : C2849178

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

635.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Therese M Samarco**

Mailing Address 3747 Wakefield Rd

City State Zip Code  
 Berkley MI 48072-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Molina Healthcare, Inc.

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849083

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Diane Melinda Sanchez**

Mailing Address 1078 Bernalito Ct

City State Zip Code  
 Bernalillo NM 87004-6261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Molina Healthcare of CA, Inc

Occupation  
 SMO Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848939

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Richard Sanchez, Richar Sanchez**

Mailing Address 4901 N Avenida de Franeluh

City State Zip Code  
 Tucson AZ 85749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Molina Healthcare of CA, Inc

Occupation  
 Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C2829477

Amount of Each Receipt this Period

63.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

372.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Zarina Shockley-Sparli Shockley-Sparling**

Mailing Address 14221 Fontana St

City

Leawood

State

KS

Zip Code

66224-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848977

Amount of Each Receipt this Period

269.22

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Michael M Siegel**

Mailing Address 2008 Glencoe Ave

City

Venice

State

CA

Zip Code

90291-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849008

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Deborah Simkins, Debora Simkins**

Mailing Address 4715 E Shaw St

City

Long Beach

State

CA

Zip Code

90803-1724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration (IT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848979

Amount of Each Receipt this Period

105.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

724.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Liana Crista Smith**

Mailing Address 1317 S Pearl Ave

City

Compton

State

CA

Zip Code

90221-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Clients Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848946

Amount of Each Receipt this Period

77.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Margaret E Smith**

Mailing Address 289 Brookforest Dr

City

Cincinnati

State

OH

Zip Code

45238-5607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of OH

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849215

Amount of Each Receipt this Period

145.88

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Cameron McLean Smyth**

Mailing Address 24802 Cerezo Court

City

Santa Clarita

State

CA

Zip Code

91321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849028

Amount of Each Receipt this Period

350.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

572.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Doug Springmeyer, Do Springmeyer**

Mailing Address 8912 S Shady Meadow Dr

City  
Sandy

State  
UT

Zip Code  
84093-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of Utah

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1465.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849235

Amount of Each Receipt this Period

700.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Thomas M. Standing**

Mailing Address 148 S. Country Club Road

City  
Glendora

State  
CA

Zip Code  
91741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare Inc

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848983

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Tabitha F Stokes**

Mailing Address 8105 Wendy Lane

City  
Benbrook

State  
TX

Zip Code  
76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849086

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Kimberly J. Sweers-Parker**

Mailing Address 2109 W Summerland St

City

Rancho Palos Verdes

State

CA

Zip Code

90275-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

09 / 26 / 2014

Transaction ID : C2848999

Amount of Each Receipt this Period

538.44

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Mary Syiek, Mary Syiek**

Mailing Address 6662 Gate Hill Circle

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2573.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849023

Amount of Each Receipt this Period

1351.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Luis A Sylvester**

Mailing Address P.O. Box 307481

City

St Thomas

State

VI

Zip Code

00803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medicaid Solutions

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849239

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2162.44



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. John Tanner**

Mailing Address 144 S. Calle Grande

City

Orange

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849040

Amount of Each Receipt this Period

140.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Stacey Taylor**

Mailing Address 133 Corona Ave  
Apt 2

City

Long Beach

State

CA

Zip Code

90803-3390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849082

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Amy Tenhouse, Amy Tenhouse**

Mailing Address 628 S. Taylor Street

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare Inc

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

09 / 26 / 2014

Transaction ID : C2849012

Amount of Each Receipt this Period

294.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

568.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 70

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Richard L Tompkins

Mailing Address 35465 Shade Tree Road

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Yucaipa | CA    | 92399    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare of CA

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

Transaction ID : C2849037

Amount of Each Receipt this Period

175.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

B. Michelle Tranquilli, Mic Tranquilli

Mailing Address 1221 Michigan Court

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Alexandria | VA    | 22314    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Government Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

Transaction ID : C2849025

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

C. Cynthia Van Scoten

Mailing Address 9550 South Equestrian Place

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Sandy | UT    | 84092    |

FEC ID number of contributing federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 26    | / | 2014        |

Transaction ID : C2848956

Amount of Each Receipt this Period

105.00

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

553.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. Jose M Venedicto**

Mailing Address 10861 SW 93rd St

City  
MiamiState  
FLZip Code  
33176-2647FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of FL

Occupation

Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849219

Amount of Each Receipt this Period

134.75

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Chad Westover, Chad Westover**

Mailing Address 9075 Canyon Gate Circle

City  
SandyState  
UTZip Code  
84093FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare of UT

Occupation

Healthcare Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2849127

Amount of Each Receipt this Period

770.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Joseph W. White**

Mailing Address 3521 Loma View Dr

City  
AltadenaState  
CAZip Code  
91001-3938FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Healthcare, Inc.

Occupation

Healthcare Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : C2848941

Amount of Each Receipt this Period

1346.17

\* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 70  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Keith Wilson**

Mailing Address 2102 Indian Creek Road

City State Zip Code  
Diamond Bar CA 91765

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Molina Medical Group Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2014

**Transaction ID : C2849067**

Amount of Each Receipt this Period

700.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Joann Zarza-Garrido**

Mailing Address 9550 Westbourne Ct

City State Zip Code  
Cypress CA 90630-2760

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Molina Healthcare, Inc. Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1163.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2014

**Transaction ID : C2848952**

Amount of Each Receipt this Period

273.00

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Lisa Ann Zerda**

Mailing Address 2716 Williams Ave N

City State Zip Code  
Renton WA 98056-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Molina Healthcare Healthcare Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2014

**Transaction ID : C2848955**

Amount of Each Receipt this Period

105.00

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1078.00

49417.36

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Molina Healthcare, Inc. PAC

### A. EastWestBank

Category/  
Type

76.10

State:  District:

### B. EastWestBank

MM / DD / YYYY

Category/  
Type

76.00

State:  District:

### C. EastWestBank

Category/  
Type

76.00

State:  District:

228.10

228.10

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN BARROW**

Mailing Address 236 Massachusetts Ave SE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
support re elect

Candidate Name

**John Barrow**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 27    | / | 2014      |

**Transaction ID : D160672**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Graham for Congress**

Mailing Address PO Box 310

City  
TallahasseeState  
FLZip Code  
32302-0310Purpose of Disbursement  
support election

Candidate Name

**Gwen Graham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 10    | / | 2014      |

**Transaction ID : D160975**

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Hansen Clarke For Congress**

Mailing Address 14600 Mack Avenue

City  
DetroitState  
MIZip Code  
48215Purpose of Disbursement  
support

Candidate Name

**Hon Hansen Clarke**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 14

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 05    | / | 2014      |

**Transaction ID : D160321**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 5000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. BOX 661

City  
COLLINSVILLEState  
ILZip Code  
62234Purpose of Disbursement  
support re election

Candidate Name

**John Shimkus**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 19

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 18    | / | 2014      |

**Transaction ID : D161686**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City  
BakersfieldState  
CAZip Code  
93389Purpose of Disbursement  
support re elect

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 22

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 22    | / | 2014      |

**Transaction ID : D161673**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LORETTA SANCHEZ**

Mailing Address 1212 S. Victory Blvd.

City  
BURBANKState  
CAZip Code  
91502Purpose of Disbursement  
support re-election

Candidate Name

**Loretta Sanchez**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 46

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 29    | / | 2014      |

**Transaction ID : D161671**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 8500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Sacramento | CA    | 95841    |

Purpose of Disbursement  
support re elect

Candidate Name

**Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 05    |   | 2014      |

**Transaction ID : D160312**

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Moolenaar for Congress**Mailing Address 5915 Eastman Ave  
Suite 100

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Midland | MI    | 48640    |

Purpose of Disbursement  
support election

Candidate Name

**John Moolenaar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 16    |   | 2014      |

**Transaction ID : D161674**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Pete Aguilar for Congress**

Mailing Address 499 S. Capitol St, SW, Suite 422

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

Purpose of Disbursement  
support

Candidate Name

**Hon Pete Aguilar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 09    |   | 2014      |

**Transaction ID : D160314**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 4000.00 |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| ELK GROVE | CA    | 95758    |

Purpose of Disbursement  
support re-elect

Candidate Name

Rep. Ami Bera

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 15    | / | 2014      |

Transaction ID : D161720

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. ENYART FOR CONGRESS**

Mailing Address PO BOX 308

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| BELLEVILLE | IL    | 62222    |

Purpose of Disbursement  
support

Candidate Name

Rep. Bill Enyart

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 17    | / | 2014      |

Transaction ID : D161692

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address P.O. BOX 14496

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| POLAND | OH    | 44514    |

Purpose of Disbursement  
support

Candidate Name

Rep. Bill Johnson

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 15    | / | 2014      |

Transaction ID : D161694

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|         |
|---------|
| 4500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>THOUSAND OAKS | State<br>CA | Zip Code<br>91358 |
|-----------------------|-------------|-------------------|

Purpose of Disbursement  
support re-elect

Candidate Name

**Rep. Julia Brownley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2014      |

**Transaction ID : D161721**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. KENNY MARCHANT FOR CONGRESS**

Mailing Address PO BOX 110187

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>CARROLLTON | State<br>TX | Zip Code<br>75011 |
|--------------------|-------------|-------------------|

Purpose of Disbursement  
support election

Candidate Name

**Rep. Kenny Marchant**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 10    |   | 2014      |

**Transaction ID : D160977**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**Mailing Address 410 1ST ST SE  
Suite 310

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20003 |
|--------------------|-------------|-------------------|

Purpose of Disbursement  
support

Candidate Name

**Rep. Linda T. Sanchez**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 17    |   | 2014      |

**Transaction ID : D161690**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 4500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. MARK TAKANO FOR CONGRESS**

Mailing Address PO BOX 5214

City  
RIVERSIDEState  
CAZip Code  
92517Purpose of Disbursement  
support re-elect

Candidate Name

Rep. Mark Takano

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 29    | / | 2014      |

Transaction ID : D161672

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MICHELLE**

Mailing Address P.O. BOX 25422

City  
ALBUQUERQUEState  
NMZip Code  
87125Purpose of Disbursement  
support

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 15    | / | 2014      |

Transaction ID : D161718

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City  
TAYLORVILLEState  
ILZip Code  
62568Purpose of Disbursement  
support re elect

Candidate Name

Rep. Rodney Davis

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 05    | / | 2014      |

Transaction ID : D160309

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|         |
|---------|
| 3000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SAM JOHNSON**

Mailing Address P.O. Box 860096

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Plano | State<br>TX | Zip Code<br>75086 |
|---------------|-------------|-------------------|

Purpose of Disbursement  
support re elect

Candidate Name

Rep. Sam Johnson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 05    |   | 2014      |

Transaction ID : D160308

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SAM JOHNSON**

Mailing Address P.O. Box 860096

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Plano | State<br>TX | Zip Code<br>75086 |
|---------------|-------------|-------------------|

Purpose of Disbursement  
support

Candidate Name

Rep. Sam Johnson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 15    |   | 2014      |

Transaction ID : D161693

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Roseville | State<br>MI | Zip Code<br>48066 |
|-------------------|-------------|-------------------|

Purpose of Disbursement  
support re elect

Candidate Name

Rep. Sander M. Levin

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 05    |   | 2014      |

Transaction ID : D160311

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|         |
|---------|
| 3000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 70

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR SENATOR JOHN CORNYN INC**

Mailing Address PO BOX 13026

City

AUSTIN

State

TX

Zip Code

78711

Purpose of Disbursement  
support re elect

Candidate Name

Sen. John Cornyn

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2012

☐ Primary☒ General☐ Other (specify) ▼

State: TX

District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 22    | / | 2014      |

Transaction ID : D161356

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City

SALT LAKE CITY

State

UT

Zip Code

84101

Purpose of Disbursement  
support

Candidate Name

Sen. Orrin G. Hatch

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: UT

District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 09    | / | 2014      |

Transaction ID : D160320

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Mike Bishop for Congress Committee**

Mailing Address P.O. Box 1148

City

Brighton

State

MI

Zip Code

48116

Purpose of Disbursement  
support

Candidate Name

Hon Mike Bishop

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 09    | / | 2014      |

Transaction ID : D160317

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

|         |
|---------|
| 4500.00 |
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|  | 21b |  | 22  | X | 23  |  | 24  |  | 25 |  | 26  |
|  | 27  |  | 28a |   | 28b |  | 28c |  | 29 |  | 30b |

Molina Healthcare, Inc. PAC

47000.00





|  |     |  |     |  |     |  |     |  |      |  |     |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

Molina Healthcare, Inc. PAC



MM / DD / YYYY

500.00

09 / 25 / 2014

2500.00

3500.00

|  |     |  |     |  |     |  |     |   |    |  |     |
|--|-----|--|-----|--|-----|--|-----|---|----|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |   | 25 |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c | X | 29 |  | 30b |

Molina Healthcare, Inc. PAC

John Zerwas

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

2000.00

Lois Kolchorst

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

1000.00

Candidate Name

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

2500.00

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 70

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Raymond Campaign**

Mailing Address P.O. Box 450349

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Laredo | TX    | 78045    |

Purpose of Disbursement  
support re election

Candidate Name

**Richard Raymond**

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: TX District: 42

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 29    | / | 2014      |

**Transaction ID : D161742**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Robert D. Hackett**

Mailing Address 2050 Palouse Drive

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| London | OH    | 43140    |

Purpose of Disbursement  
support

Candidate Name

**Robert D Hackett**

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: OH District:

|  |
|--|
| Disbursement For: 2014   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 29    | / | 2014      |

**Transaction ID : D161729**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Friends of Ryan Smith**

Mailing Address 1661 Kemper Hollow Rd

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Gallipolis | OH    | 45631-8678 |

Purpose of Disbursement  
support election

Candidate Name

**Ryan Smith**

|                |           |
|----------------|-----------|
| Office Sought: | House     |
|                | Senate    |
|                | President |

State: OH District:

|  |
|--|
| Disbursement For: 2012   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    | / | 10    | / | 2014      |

**Transaction ID : D160974**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 3000.00 |
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